Chapter Overview

This chapter discusses the differences between the assessment of safety and the assessment of risk and outlines procedure for assessing both.

9.1 SAFETY ASSESSMENT VERSUS RISK ASSESSMENT

It is important to understand the difference between a safety assessment and risk assessment. Safety is something that can be controlled, while risk is something that must be fixed. If a child is not safe, then immediate steps must be taken to assure that the child is made safe. If the child is at risk of abuse/neglect, it may or may not mean that the child is currently safe. Risk must be addressed, but unless safety is a concern, risk can generally be addressed over time rather than immediately. Safety interventions are not expected to provide for rehabilitation nor do they generally result in changed behaviors. Intervention to reduce risk would be expected to result in long-term behavior changes.

9.1.1 SAFETY ASSESSMENT

One of the first decisions that Children's Division (CD) staff must make when receiving and intervening in a child abuse/neglect report is the safety of the child. Child safety must be assessed from the initial call to the hotline and then periodically throughout the Division's involvement with the family. There are certain prescribed times when this analysis of safety should occur but it must also be recognized that staff should be making a decision on safety every time they speak with the child or the family. Staff must recognize the role of the safety analysis, the key steps in assessing safety and how to determine if a child is safe. If it is determined that a child is not safe then staff must implement an appropriate intervention that will result in safety.

9.1.2 SAFETY - DEFINITION

For purposes of a safety assessment the following definition will be used: **A child is considered safe when an analysis of all available information leads to the conclusion that the child in his/her current living arrangement, is not in immediate danger of moderate/serious harm, and no safety interventions are necessary.**

The key terms in this definition of safety are:

- **Analysis of all Available Information** - Staff must have the skills, knowledge and understanding of safety in order to be able to determine when they have sufficient information to decide if a child is safe. If there is any question whether the available information is sufficient to make that decision then more information must be obtained.

- **Immediate** - Staff must assess whether the child is currently in a dangerous situation or may be in the immediate future. The immediate future is the period of time between this point and the next time a professional skilled in assessing safety will see the child or family.

- **Moderate/Serious** - Staff must be able to determine if the child's life or health may be in danger unless immediate safety steps are taken.

- **Safety Interventions** - Staff must know what interventions are available and appropriate if it is determined that a child is not safe. No intervention would be identified only when the child is safe.

Related Subject: Section 2, Chapter 9.4 Assessment of Risk

9.1.3 OPTIONS TO HELP ENSURE SAFETY:

- In-home services;

- Removal of the person responsible for the unsafe conditions;

- Voluntary placement by the parent of the child in another setting; or

- Court removal of the child

9.1.4 RISK ASSESSMENT

This attachment provides guidelines for assessing risk (of harm) to a child and whether or not he/she is safe and unlikely to be harmed by abuse or neglect in the near future. The investigator must focus on assessing the potential risk in terms of the likelihood that the responsible caretaker, through active or passive means, will harm the child so that his/her safety/well-being is endangered.

Assessment of risk begins at the point a CA/N report is made and permeates the entire Family-Centered Service (FCS) process. In order for the Family-Centered Service process to be effective, it must be related to the original risk assessment.

In examining the steps in the Family-Centered Service casework process and the risk assessment emphasis at each step, the following principles, articulated by Wayne Holder with ACTION for Child Protection, are important:

- When a case is identified, risk exists. That risk will increase, remain the same, decrease or cease to exist depending on what happens through intervention;

- Therefore, the risk is a continual issue;

- Risk may be controlled after investigation, however risk does not go away until the sources of the risk are altered;

- Given proper intervention by Family-Centered Services, risk, once identified, moves from high to low before the case is closed;

- Risk assessment is an activity that permeates the entire FCS process;

- There are certain critical assessment issues that correspond with the FCS decision points;

  a) The report from the community which may represent identified concern for risk;

  b) At intake, FCS must ascertain the urgency of the risk;

  c) During investigation FCS decides about the safety of the child at risk;

  d) As FCS completes its diagnosis, it is determining the origin and extent of the risk;

  e) Case planning represents the development of strategies to respond to and reduce the risk;

  f) Service provision represents the efforts to reduce risk. (Services needed to reduce and/or eliminate high risk factors should be initiated immediately to prevent out-of-home placements);

Case review and closure identifies contingencies or conditions which suggest risk is being reduced or that risk has been sufficiently reduced to warrant closure.

Risk assessment requires effective interviewing and assessment skills, as well as clear analytical judgment. No risk matrix or computerized decision-making program will be able to replace worker judgment and a thorough assessment of child and family functioning. Consequently, professional risk assessment is dependent upon the Children's Services Worker applying the following "practice principles".

9.1.5 Risk Assessment Practice Principles

1 ASSESS ALL AREAS OF RISK. Take the time as part of your investigation to assess the extent to which there are risk factors in any of the areas, i.e., child, parent/alleged perpetrator, family, maltreatment, and intervention.

2 BE ALERT FOR ESPECIALLY SERIOUS RISK FACTORS. Certain types of risk factors may raise the likelihood of future or serious child maltreatment compared to others. Such factors include:

- Previous child abuse or neglect history with the Division;
- Serious substance abuse by the alleged perpetrator or parent;
- Unwillingness or inability of non-maltreating caretaker to protect the child;
- Injuries are located in the head, face, or genital areas;
- Nature of the maltreatment is sadistic, excessively violent, or bizarre;
- Caretaker exhibits violent temper outburst;
- Domestic violence present in the home;
- Parent or alleged perpetrator denies what is clearly an abusive incident, or justifies his or her behavior; and,
- The family lacks a telephone and is extremely isolated, either geographically or socially.

3 BE AWARE OF RISK FACTORS THAT MAY INTERACT IN A DANGEROUS MANNER. Many risk factors may combine to produce a potentially dangerous situation. Workers should be sensitive to those "Explosive combinations" as they may result in a high risk situation (Holder and Corey, 1987). For example, in assessing a report of excessive use of corporal punishment, a worker discovers that the alleged perpetrator (the father) was recently laid off and is drinking excessively on weekends. In this case there are three risk factors operating in a combined way to produce high risk of future child maltreatment.

4 EXAMINE THE NATURE OF THE RISK FACTORS. How long have these risk factors been operating? How severe are they? How controllable are they from a parent, worker, or child point of view? Risk

factors that are long term and relatively uncontrollable generally signal a higher level of risk.

5 ASSESS FAMILY STRENGTHS AND RESOURCES. While risk assessment is essentially a negative process, workers should be examining family strengths which are resources that may be used to counteract the risk factors present. For example, do the parents care about the child, have relatives or neighbors available to them in a crisis, and other coping mechanisms? What social support networks of the family can be mobilized with parent or worker action? The assessment process is not complete until the worker has tried to identify specific family strengths or resources that could be used to address the risk factors identified.

6 EXAMINE THE OVERALL LEVEL OF RISK TO THE CHILD OR ADOLESCENT WITHIN THE TOTAL CONTEXT OF RISK FACTORS, FAMILY STRENGTHS AND AGENCY RESOURCES. Risk assessment requires that the total ecology of the child's environment be examined, including all the various risk factors, family strengths, family resources, and the degree of services or support that the worker/agency can provide during the investigation and later, if necessary.

- While it may be easy to identify various risk factors, it is more difficult to determine the overall level of risk in a case situation. Determining whether a case is low, intermediate or high risk is a complex decision-making process where the worker considers the following conditions or criteria:
- Number of risk factors (How pervasive are they);
- Severity of risk factors (How severe?);
- Duration of risk factors (How long have they been present?);
- Parent or child's ability to control risk factors;
- Family strengths and resources; and,
- Ability of worker agency to provide necessary services (Holder and Corey, 1987)

7 USE BEHAVIORALLY SPECIFIC TERMS TO DOCUMENT RISK FACTORS. In identifying child, parent, family and other risk factors, it is important to use behaviorally specific terminology and record observations in as factual a manner as possible. For example, avoid the use of social work or psychiatric jargon such as "poor impulse control," "multi-problem family," "resistant," or "low self-esteem." These and

similar terms represent GLOP (Generalized Labeling of People), and are open to many different interpretations (Kinney, Haapala, and Gast, 1981).

Use behaviorally specific language instead, such as: "the mother cried during 20 minutes of the hour long interview and said she felt overwhelmed by her situation" (depressed), or, "the parents refused to go to the parenting class and said they didn't have any problems with beating their child with a strap" (resistant), or, "the family has no utilities, food, and both parents are unemployed" (multi-problem). Use of behaviorally specific terms result in a more accurate description of the situation and increase the validity of your risk assessment and case documentation.

8 GATHER EVIDENCE. As a part of the investigation, the worker will gather evidence to support his/her investigation conclusion and assessment of risk to the child(ren). In addition, evidence is critical to juvenile and criminal court proceedings held as the result of child abuse/neglect incidents.

9 RISK ASSESSMENT SHOULD PROVIDE THE FOUNDATION FOR THE CASE PLAN. Child, parent or family conditions that necessitated protective services (PS) intervention should be the focus of the case plan so that once the family is functioning at a minimally acceptable level, the case can be closed and the family referred to follow-up services in the community, if necessary. In other words, case plans should incorporate treatment objectives that specifically address the risk factors present in the case in such a way that once the objectives are met, the case can be closed.

Risk Assessment and Case Planning Principles are as follows:

- The investigation should identify specific risk factors that must be addressed to ensure long term well being and lower the probability of child maltreatment ("risk");
- Case plans should use measurable, behaviorally specific objectives that address the central factors or family conditions that pose risk to the child(ren); and,
- The case should be able to be closed once the risk factors are sufficiently addressed, and child, parent or family functioning improves.

10 SUMMARY. Risk assessment is dependent upon using careful interviewing skills to gather information from victims, siblings, caretakers, and collateral contacts. Child, parent and family functioning should be assessed and a variety of factors weighed in conjunction with family strengths and resources. Supervisor consultation is essential, and a multi-disciplinary team should be used whenever necessary and available.

The risk assessment guidelines are summarized as follows:

- Assess areas of risk;
- Be alert for especially serious risk factors;
- Be aware of risk factors that may interact in a dangerous manner;
- Examine the nature of the risk factors;
- Assess family strengths and resources;
- Examine the overall level of risk to the child or adolescent within the total context of risk factors, family strengths and agency resources;
- Use behaviorally specific terms to document risk factors;
- Gather evidence; and,
- Risk assessment should provide the foundation for the case plan.

These risk assessment guidelines were adapted from the Utah Child Protection Services Risk Assessment Project: Dissemination Manual, Utah Department of Social Services and Utah Child Welfare Training Project (1987), Graduate School of Social Work, University of Utah, Salt Lake City Utah. Reprinted with permission.

9.2 Assessment of Safety

The purpose of the safety assessment is to: 1) help assess whether any children are currently in *immediate danger of serious physical harm* which may require a protecting intervention; and 2) to determine what interventions should be maintained or initiated to provide appropriate protection.

Which Cases - All Investigation/Family Assessments and FCS or FCOOHC openings (where a child remains in the home) and an initial safety assessment was not completed during a CA/N report. If there has been a prior safety assessment that required a safety plan, a safety reassessment should be completed instead and attached to the CD-14A.

Who - The assigned case worker.

Decision - The safety assessment is used to guide decisions about the removal of a child(ren) from his/her parent/caretaker. It also guides decisions on whether or not the child(ren) may remain in the home, the need for interventions to eliminate the threat of immediate harm, or if the child(ren) must be protectively placed.

A safety plan is required for all children when any safety factor has been identified.

Time Frames - The safety assessment is completed at the time of a FCS or FCOOHC case opening unless one was completed recently that required a safety plan, in which case a Safety Reassessment should be completed;

Appropriate Completion - The safety factors should be reviewed/referenced during the safety assessment process and the tool should be completed **immediately.** The safety assessment is made up of three sections, parts of which are found in the **CPS-1** and the **CPS-1A**:

- Section 1: Safety Factor Identification
- Section 2: Safety Response & Interventions
- Section 3: Safety Decision

The vulnerability of each child is considered throughout the investigation/assessment. Young children cannot protect themselves. For older children, an inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Section 1 has two parts:

Part A, *(found in the CPS-1)***,** requires that the worker consider each of the 12 behaviors and/or conditions listed and identify the presence or absence of each factor by circling either “yes” or "no.” **Answer each item as it relates to the most vulnerable child**.
(See CPS-1A instructions for Section 1 Part B, Section 2 and Section 3)

SAFETY REASSESSMENT TO BE COMPLETED BY: The supervisor will fill in the worker’s name, who will be filling out the safety reassessment (CS-16D). The supervisor will also check the **<u>due date</u>** which represents **<u>both</u>** the <u>*date the safety plan expires*</u> **<u>and</u>** the <u>*date in which the reassessment is due to occur*</u>.

9.3 S*afety Reassessment* (CS-16D) tool:

- Prior to a child(ren) returning to the home following out-of-home placement during the investigation/family assessment period.
- At the expiration of the initial safety plan.
- On any case whenever new information becomes available that indicates a threat to the safety of the child(ren).

The CS-16D, safety reassessment tool is used to evaluate the status of child safety throughout the life of a case. It documents the resolution of safety factors previously *identified on the initial safety assessment, the presence of any additional safety concerns, and whether a new/revised safety plan is required.*

(See form instructions to complete the CS-16D, Safety Reassessment.)

9.4 Assessment of Risk

The Structured Decision Making (SDM) risk assessment can be found in the (CPS-1) Child Abuse/Neglect Investigation/Family Assessment Summary or as the CD-14E Risk Assessment as a stand alone. The SDM risk assessment tool identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. **The SDM risk assessment tools are only used for families in which there are children in the home.**

By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified the agency can ensure that resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

9.5 ***Risk Reassessment (CS-16E):*** The Risk Reassessment (CS-16E) assesses risk of future child maltreatment and assists workers in evaluating whether risk levels have decreased, remained the same or have increased since the initial risk assessment.

The Risk Assessment is to be completed at the conclusion of every investigation/family assessment in which there are children who remain in the home. The risk assessment identifies the level of risk of future maltreatment and is used to guide the decision to close or open the investigation/family assessment for ongoing services. The following chart shows the recommended case open/close decisions based on the risk level for investigations and family assessments:

Risk-Based Case Open/Close Guidelines

Risk Level	Investigations		Family Assessments
	Probable Cause	Unsubstantiated	
Low	Close	Close	Close
Moderate	Open/Close	Close	Open/Close
High	Open	Open/Close w/referral	Open/Close w/referral
Very High	Open	Open/Close w/referral	Open/Close w/referral

Note: There may be unique circumstances in which it is appropriate to open low risk cases (for example, court-ordered services), or close very high risk cases (for example, family moved out of state). Reasons for opening or closing cases outside of the recommended guidelines should be clearly documented in the case record.

9.5.1 Priority of Initial Client Contact after a Case Opening Based on SDM Risk

Prior to signing off on a CA/N investigation/family assessment, the Supervisor will review the CPS-1and will determine the priority of the initial face to face interview with the family by the assigned Family Centered Services (FCS) worker based on the following SDM risk levels;

- High or Very High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and
- Low Risk - within ten (10) working days.

If the FCS case referral was not due to a CA/N investigation/family assessment, the supervisor's appraisal of the potential risk to the children and overall family situation will determine when treatment follow-up contact by the FCS worker is needed. **THIS SHOULD NOT EXCEED TEN (10) WORKING DAYS FROM CASE ASSIGNMENT.**

9.5.2 Minimum Contact Standards for In-Home Cases

The Family Risk Assessment provides reliable, valid information on the risk to children of continued abuse and neglect. Appropriate use of this assessment data is key to ensuring better protection of children. Therefore, for cases that have been opened for ongoing services, the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the highest risk cases.

These guidelines apply to families where all children are in the home, and reflect the minimum number of face-to-face and collateral contacts with the family each month. Workers should use judgment in each case to best determine whether more contacts are needed. The definition and purpose of a face-to-face “contact” is to monitor developments in the case, to observe interaction between the caregiver and the child(ren) in the family home, to assure the safety of the child in the home, to facilitate implementation of the Case Plan, and to assess progress with the plan.

The Family Case Contact Guidelines provide a recommendation regarding the minimum number of contacts the worker should have with the family based on the assessed risk level. It is used to guide monthly contacts while the case is open, and is reviewed at each risk reassessment until the case is closed.

The risk level determines the overall minimum contact standards for the family. The "Children's Division Minimum Contact Standards" represent how many of the overall contact standards must be met by the CD worker. The remaining contacts may be met by a contracted in-home service provider who is working with the family as part of the family's case plan. However, if the contracted service provider was unable to complete monthly contacts, the CD worker is responsible for meeting the overall contact standards. Face to face contact by the CD worker should occur in the family's home. The Parental Home Visit Checklist (form CD-83) may be utilized during these contacts.

The CD worker is responsible for making all collateral contacts. Collateral contacts include phone contact with school personnel and day care providers, medical personnel who have recently seen or treated the child(ren), parenting class instructors, etc.

"Minimum Contact Guidelines for In-Home Family Cases" refers to the time period after a CA/N report conclusion/delayed conclusion has been made or FCS Cases or for FCOOHC cases where children are in the home and represents the recommended number of contacts that workers should have with families according to their assessed risk level.(likelihood of future maltreatment):

Minimum Contact Guidelines for In-Home Family Cases		
Risk Level	**Overall Contact Guidelines** (by CD and other service providers)	**CD Minimum Contact Guidelines**
Very High	3 face-to-face/month	2 face-to-face/month and 3 collateral contacts/month
High	2 face-to-face/month	1 face-to-face/month and 3 collateral contacts/month
Moderate	1 face-to-face/month	1 face-to-face/month and 2 collateral contacts/month
Low	1 face-to-face/month	1 face-to-face/month and 1 collateral contacts/month

For Minimum contact standard for open FCS cases see:

Related Subject: Section 3, Chapter 3.1.5 Minimum Contact Standard for In-home Cases

For minimum contact standards after a CA/N report conclusion date or delayed conclusion date see:

Related Subject: Section 2, Chapter 5.3.17 Minimum Contact Standards After a CA/N Report has been Concluded and Section 2. Chapter 5.3.18.1 Minimum Contact Standards for Delayed Conclusions

For FCOOHC cases, where there are no children in the home, to determine the frequency of worker visits with parent/caretaker see:

Related Subject: Section 4, Chapter 7.3.1 Meeting and Working with the Family

MEMORANDA HISTORY: CD04-79; CD05-72; CD06-63